

Employee Blood/Body Fluid Exposure & Testing Summary

Employee Name: _____ Job title: _____
Work area: _____ SS#: _____ Employed: () Full time () Part time () contract
Completed Hepatitis B vaccine? Yes ☐ No ☐ Result of previous Anti-HBs Pos ☐ Neg ☐ N/A ☐

Exposure History: (complete, circle or check applicable items throughout)

Date and Time of Exposure: _____
Wound Care/First Aid Administered: _____

Was applicable personal protective equipment (i.e. gloves, masks, etc.) used? Yes ☐ No ☐

Type of Exposure:

- A. Sharp: needle ☐ lancet ☐ broken glass ☐ other ☐ (describe): _____
Clean (sterile) ☐ Contaminated with blood/body fluids ☐
Visible blood on sharp? Yes ☐ No ☐ Used for vascular access? Yes ☐ No ☐
Deep injury? Yes ☐ No ☐ Blood injected into HCP? Yes ☐ No ☐
- B. Mucous Membrane: eye ☐ mouth ☐ nose ☐
- C. Body Fluid: blood ☐ vaginal secretions ☐ sputum ☐ vomitus ☐ urine ☐ wound drainage ☐
other ☐ _____
- D. Human Bite (describe): _____
- E. Open Wound Contamination (describe): _____
- F. Other (describe): _____

Source Person:

Name: _____ SS#: _____
Clinical diagnosis and blood borne pathogen risk factors: _____
Circle if person is known to have: HIV-AIDS _____ Hepatitis B _____ Hepatitis C _____
Date of source person testing at time of exposure incident: _____ HIV test: pos__ neg__
HBsAg: pos__ neg__ HCV Antibody: pos__ neg__

Employee/HCP Counseling:

- ☐ ☐ risk of acquiring blood borne pathogen from occupational exposure
☐ ☐ report and seek medical evaluation for any acute flu-like illness
☐ ☐ information and assistance re: HIV Post-Exposure Prophylaxis (PEP) Protocol
☐ ☐ potential for baseline and follow-up serologic testing (see next page)
☐ ☐ observe "safer sex" practices for six months following exposure from high-risk source
☐ ☐ identify and correct work practices, engineering/equipment controls, or PPE problems to avoid recurrence

Is employee starting HIV PEP medications? Yes ☐ No ☐

Employee Signature: _____ Date: _____

Employee Health Nurse/Designee Signature: _____ Date: _____

SCDDSN Health Care Personnel (HCP) Blood/Body Fluid Post-Exposure Testing Schedule:

Baseline and follow-up testing of exposed HCP, as outlined below, is indicated **ONLY** if the source patient:
a) tests positive for any of the following blood borne pathogens **or** b) serostatus is unknown **or** c) identity is unknown

The Employee Health Nurse (EHN) should omit HCP testing for a specific pathogen if the source person tests negative or is known to be negative for that specific pathogen (i.e. negative HBsAg for HBV) at the time of exposure or within the previous month (unless the person has a history of recent high risk behaviors and may be in the window period for HIV or HCV [1-6 months], in which case medical consultation is necessary). HCP testing for syphilis (RPR) at baseline and 6 week follow-up is done **ONLY** if source person is documented to have untreated primary or secondary syphilis at the time of the HCP exposure, and the HCP receives syphilis post-exposure prophylaxis (i.e., 2.4 million units L.A. Bicillin).

When indicated, test HCP for : Schedule: (document date drawn)	HIV: (also see Appendix E, Post Exposure Prophylaxis Protocol for additional test for HCPs on HIV PEP; obtain medical consult	Hepatitis C Virus(HCV)	Hepatitis B Virus (HBV) (baseline & follow-up testing <u>unnecessary</u> if HCP has documented +Anti-HBs
Baseline* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV antibody pos _____ neg _____ ALT= _____ normal M: 0-40, F: 0-31	HBsAg & HBsAb (<u>only if</u> HCP is a known “non responder” to Hepatitis B vaccine or if response is unknown)• pos _____ neg _____
6 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
12 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
6 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	HbsAg Date: _____ pos _____ neg _____
12 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	No Test

* Employee Health Nurse may perform additional tests periodically (i.e., HIV at 18 weeks and/or 9 months) if indicated for medical management or if recommended by medical consultant (i.e., if HCP is symptomatic or for reassurance if HCP is anxious)

- If source patient documented to have a +HBsAg, AND IF HCP has never had Hepatitis B vaccine series, give one dose of HBIG and begin the Hepatitis B vaccine series. If the HCP is a known non-responder (i.e. has had negative anti-HBs after complete Hepatitis B vaccination series, even with up to 3 boosters) then give HCP two doses of HBIG one month apart. If the HCP received only 3 vaccinations previously and has no documented Anti-HBs, give HBIG once, plus initiate revaccination series. See CDC, MMWR, Vol.46, No.RR-18, 12-26-97, p.23. Retest HBsAg as above and Anti-HBs 1-2 months after completion of series.

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Obtain medical consultation immediately if any test is reported positive/abnormal.

Continuation Notes: _____

SAMPLE